

The Albion Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Albion Surgery on 28 July 2015. Overall the practice is rated as good. Specifically, we found the service was good for providing effective, caring, responsive and well-led services, we found it to require improvement for providing safe services.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Our key findings were as follows:

- There were processes for reporting incidents and concerns which staff understood. Information about safety was recorded and monitored and actions were taken to make improvements when required;
- Improvements had been made to the risk assessment process and these were being updated;

- Patients' needs were assessed and care and treatment was planned and delivered following best practice guidance;
- Staff completed training appropriate to their roles and further training needs were identified and planned;
- Patients told us they were respected, their privacy was maintained and they were involved in decisions about their care and treatment;
- Patients said staff were kind, caring, approachable, helpful and knowledgeable;
- Information about the services provided and how to complain were accessible to patients at the practice, in the patient information leaflet and on the practice website;
- Patients who spoke with us had mixed experiences of getting appointments: for some this was easy, while others experienced difficulties getting through to the practice on the telephone;
- The practice provided appointments outside of work and school hours and urgent appointments were provided on the same day;

Summary of findings

- The practice had good facilities and was equipped to treat patients and meet their needs;
- There was a clear leadership structure and staff felt supported by management;
- The practice sought feedback from patients and staff and acted upon it.

We saw one area of outstanding practice:

- The Albion Social Club, which was initially set up by one of the nurses in 2013 to help prevent social isolation had become a fortnightly event which the Patient Participation Group (PPG) became involved in. The club met two evenings a month and had a regular programme of events and talks booked. The Club has been used to inform patients of the PPG and to seek

attendees opinions of the services provided. The GPs identified patients to the PPG to be invited to attend the Social Club. Patient's feedback about the Social Club was positive, with individuals appreciating the different events provided, the information aspect and the opportunity to meet socially on a regular basis.

However there were areas where the provider should make improvements.

The provider should:

- Review and update health and safety risk assessments and ensure that actions are completed.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Staff understood their responsibilities to raise concerns and report incidents. Systems were in place for incidents to be analysed, lessons learned and shared with all staff. Information about safety was recorded, monitored and reviewed. Risks to patients were assessed and kept under review. A number of policies had been updated recently and the practice was in the process of implementing changes to staff recruitment processes and updating risk assessments. Staff recruitment had not included the required checks being completed, although systems were in place to ensure clinical staff did not see patients on their own before the practice received Disclosure and Barring Service checks.

Requires improvement



Are services effective?

The practice is rated good for providing effective services.

Data showed patient outcomes were in line with local and national averages. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their role and further training needs were identified through appraisals and were planned for. The practice had an appraisal system in place and all staff received annual appraisals. The practice worked with other health and social care providers to ensure patients received multidisciplinary care and treatment.

Good



Are services caring?

The practice is rated good for providing caring services.

Data showed that patients rated the practice above the local and national averages for several aspects of care. Patients told us they were spoken with respectfully, their privacy and dignity was maintained and they were involved in decisions about their care and treatment. Information about services provided and local health and social care services was available at the practice. The practice had developed a social club to help prevent social isolation. We saw staff treated patients with kindness, respect and maintained privacy and dignity.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The practice reviewed the needs of the local population and worked with the Clinical Commissioning Group to make improvements to services when identified. Patients told us they were generally able to make an appointment with their preferred GP and they received continuity of care. Urgent appointments were available on the same day, extended hours appointments were provided, and home visits were carried out when required. The practice had good facilities and was well equipped to meet patient's needs. Information about how to complain was available to patients.

Good



Are services well-led?

The practice is rated good for providing well-led services.

The practice had a clear vision and strategy. Staff knew their responsibilities to fulfil the practice vision and worked together to achieve it. There was a clear leadership structure and staff felt supported by the partners and practice manager. The practice had developed the required policies and procedures to govern activity. There were systems in place to improve quality and identify risk. The practice sought feedback from patients and staff which it acted on. There was an active patient participation group. Staff received inductions, supervision, appraisals and training, they attended staff and practice meetings, practice development days and social events.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated good for the care of older people.

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice provided a named GP for patients over 75 years. One of the practice nurses set up The Albion Surgery Social Club in 2013 to help combat social isolation. Two members of the Patient Participation Group now provided to support the club. The club met for two hours one evening a fortnight. Around 15 patients attended on a regular basis. An example of a recent activity was a fish and chip supper. The practice employed two Patient Care Co-ordinators who liaised with patients and carers to help them communicate with multidisciplinary staff. The Patient Care Co-ordinators contacted a group of patients identified by the GPs as being at risk to check on their well-being during adverse weather conditions and when they had not been in touch with the practice for a while. The practice offered a range of book in advance and on the urgent on the day appointments. Home visits were provided when required. The practice worked with other health and social care providers to ensure patients received joined up care and to avoid unplanned admissions for those at risk.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions.

Nursing staff had lead roles in the management of patients with long term conditions and those at risk of hospital admission. One of the administrators invited patients for regular reviews and they were working to reduce the number of appointments patients attended to one annual review. Data showed the practice carried out above the national average number of health checks for patients with long-term conditions. Longer appointments and home visits were provided when needed. The practice worked with other health and social care providers to ensure patients with complex health needs received multidisciplinary care. Patients with long-term conditions had a named GP. Clinical staff used National Institute for Health and Care Excellence and local guidelines to provide the most appropriate care and treatment to patients with long-term conditions.

Good



Summary of findings

Families, children and young people

The practice is rated good for the care of families, children and young people.

The number of patients under 18 was in line with national and below local averages. There were systems in place to identify and follow up children living in disadvantaged circumstances and those at risk. The practice had identified a need to improve the approach to child safeguarding and had developed an administrative lead, trained to Level 3 in child protection, to co-ordinate administration, checking when patients do not attend for appointments both at the practice and at hospital and community appointments and working with the child health surveillance. This initiative has been shared and initiated by other practices across the CCG. The practice held regular meetings with health visitors to discuss children at risk and those on child protection plans. Staff had completed training to the required Level in child protection and were clear about their responsibilities to report concerns. The practice prioritised young children for urgent on the day appointments and provided appointments outside of school hours. Rates for childhood immunisations were below national averages. The practice was accessible for families with pushchairs and baby changing facilities were available.

Good



Working age people (including those recently retired and students)

The practice is rated good for the care of working age people (including those recently retired and students).

The practice provided extended hours appointments two evenings a week. The practice was proactive in offering online services for patients to book appointments and request repeat prescriptions. The practice provided family planning services. Eighty two per cent of women had attended for their cervical smear test, which was in line with the national average. The practice provided a full range of health promotion and screening for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability and homeless people. They provided longer appointments and annual health checks for patients with learning disabilities and all had received this check last year with follow up appointments provided when required. The practice had identified carers. They worked with multidisciplinary teams to ensure patients received joined up care and treatment. Information about local voluntary organisations was

Good



Summary of findings

available at the practice. The practice provided a personalised patient list, so all patients had a named GP. Staff completed training in safeguarding and were clear about their responsibilities to record and report concerns.

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia).

The practice had a register of patients experiencing poor mental health and 97% had a care plan that was reviewed annually which was above the national average. Data confirmed patients were asked about their alcohol consumption and smoking status. The practice worked with other health and social care services to enable patients to receive joined up care. They held three monthly meetings with community mental health teams. A social prescriber from a local mental health charity attended the practice every week. The practice developed care plans with patients with dementia; data showed that 80% had a care plan and the practice were working to increase this with administrators inviting patients for appointments.

Good



Summary of findings

What people who use the service say

We spoke with 15 patients and eight members of the Patient Participation Group (PPG). We looked at results from the national GP patient survey for 2015. The practice used the NHS Friends and Family Test to seek patients' views on the service, 96% of patients would recommend the practice to others because of their positive experiences. The practice had carried out their own survey in 2014 which had 170 responses. This survey identified that most patients were not aware of the PPG, 30% found the practice website useful, although 72% were not aware the practice had a website. Following this survey the PPG developed an action plan which the practice approved. The action plan included updating the telephone system, providing better communication with patients and improving access to the practice. The telephone system was changed, the PPG provided a patient newsletter and one set of doors were removed at the practice entrance to improve access.

The results from the 2015 national GP survey involved 268 surveys being sent out, with 120 returned giving a 45% completion rate. Responses showed:

- 87% of respondents would recommend this practice to someone new to the area which was above the Clinical Commissioning Group (CCG) and national average of 69 and 78%;
- 92% of respondents described their overall experience of the practice as good which was above the CCG and national average of 78 and 85%;
- 99% said they had confidence in the last GP and 98% had confidence in the last nurse they spoke with, both these figures were above the CCG and national averages;
- 76% of respondents were satisfied with the opening hours which was above the CCG average of 70% and in line with the national average of 75%;
- 87% were able to get an appointment the last time they tried which was above the CCG and national averages of 79% and 85%;
- 56% of respondents said it was easy to get through on the telephone, which was below the CCG and national averages of 61% and 73%.

As part of our inspection we also asked for CQC comment cards to be completed prior to our inspection. We received five comment cards which were all positive about the service, care and treatment provided. Patients reported that staff were kind, caring, helpful and knowledgeable. Patients felt confident about the care and treatment they received and said the doctors were excellent. Patients made positive comments about the environment saying it is always clean.

Areas for improvement

Action the service SHOULD take to improve

- Review and update health and safety risk assessments and ensure that actions are completed.

Outstanding practice

We saw one area of outstanding practice:

- The Albion Social Club, which was initially set up by one of the nurses in 2013 to help prevent social isolation had become a fortnightly event which the Patient Participation Group (PPG) became involved in. The club met two evenings a month and had a regular programme of events and talks booked. The Club has

been used to inform patients of the PPG and to seek attendees opinions of the services provided. The GPs identified patients to the PPG to be invited to attend the Social Club. Patient's feedback about the Social Club was positive, with individuals appreciating the different events provided, the information aspect and the opportunity to meet socially on a regular basis.

The Albion Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and a practice manager Specialist Advisor and an Expert by Experience. The Specialist Advisors and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to The Albion Surgery

The practice operates from The Albion Surgery. They have the national average numbers of children under 18 years of age and above the national and local average of people aged over 65, 75 and 85 years. Fifty per cent of patients have long standing health conditions, in line with the local and national averages. Eighteen per cent of patients have a caring responsibility which is in line with the local average. Sixty three per cent of patients are in paid work or full time education, which is in line with the local and national average. It is in the third least deprived area of England. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and family planning services.

The practice provides primary medical services through a Personal Medical Services (PMS) contract. A PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including long term condition management, family planning and

contraceptive services, smoking cessation, maternity services, child health surveillance and child and adult immunisations to 14,200 patients in the Bexleyheath areas of Bexley.

The practice is a member of Bexley Clinical Commissioning Group (CCG) and is one of 28 practices. It comprises of six partner GPs (three male and three female), three salaried GPs, three part time practice nurses, two part time health care assistants and two patient care coordinators. There is a full time practice manager and seventeen administrative and reception staff. The practice is a training practice for trainee GPs.

The practice is open from 8.00am to 6.30pm Monday to Friday. Extended hours surgeries are provided between 6.30pm and 8.00pm on Monday and Wednesday.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice has applied to remove the partners who have left and is in the process of applying to register the new partners.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2015. During our visit we spoke with 15 patients and 8 members of the Patient Participation Group, five GP partners, two nurses, one health care assistant, the practice manager and three administrative and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and systems in place for reporting and recording accidents, incidents and significant events. Staff were clear about their responsibility to report incidents and told us they would speak with the practice manager. The practice carried out an analysis of significant events. We reviewed records of the events from the last year and saw they had been completed in full and clinical meeting minutes confirmed they had been discussed as a group. We saw lessons learned were shared to ensure improvements to safety were made. For example, the practice had put a system in place to ring the hospital to check details of medication changes when handwritten notes were not clear and had ensured that when new patient notes were summarised, details of allergies were clearly recorded and coded. The practice had recently introduced new forms for recording significant events which included a second review of the significant event to ensure actions and learning was still being used.

The practice manager received national safety alerts which were sent to relevant clinical staff who confirmed they had received and read them. GPs received updated guidance from the National Institute for Health and Care Excellence and discussed this at their weekly meeting. Patient safety incidents were reported through the National Reporting and Learning Systems.

Overview of safety systems and processes

The practice had policies, procedures and established systems in place to keep people safe which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements. Policies and the information sheets displayed in consultation rooms detailed actions staff should take and up to date contact details for local safeguarding teams. One of the GPs was the safeguarding lead for both adults and children. All staff had completed training to the required Level in safeguarding children and were aware of their responsibilities to report issues and concerns. The electronic patient record had a system to indicate when a child was subject to a child protection plan and when a patient was considered a vulnerable adult.
- A chaperone policy was in place. Notices informing patients of their right to request a chaperone were displayed in the waiting room. GPs asked the nurses or health care assistant to act as chaperones when required and occasionally reception staff undertook this role. Clinical staff had received training or information about their role. Non clinical staff had received training about the role of a chaperone, although they had not had a Disclosure and Barring Service (DBS) check, we were told they would not be left alone with patients. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults). The practice manager told us they were reviewing this and would be completing risk assessments and carrying out DBS checks for non-clinical staff who would be asked to act as a chaperone.
- There were procedures for monitoring and managing risks to patient and staff safety. Health and safety policies had been developed and posters displayed relevant information for staff. We saw that a fire risk assessment had been completed in January 2015. Fire equipment was checked annually by external contractors and weekly by staff. Staff completed training in fire safety and an annual fire drill was due to be completed. The fire evacuation signage around the practice was being updated at the time of our visit. Portable electrical appliances were last checked in 2014 and new arrangements for completing these checks were to be implemented before 2016. Clinical equipment was tested each year to ensure it was working properly, the last test was carried out in March 2015. While health and safety risk assessments had been completed these were not recent and the practice manager told us these would be reviewed.
- Appropriate standards of cleanliness and hygiene were followed. We saw the premises were clean and tidy. Patients told us the practice was always clean. The practice had developed infection control policies. One of the nurses was the infection control lead. Clinical staff were responsible for cleaning between patients and had access to equipment to carry this out. The practice employed cleaners. There was a cleaning schedule which detailed the areas to be cleaned daily weekly and monthly. The practice manager had recently implemented a system to record and monitor checks of the cleaning. Staff told us they would report issues with

Are services safe?

the cleaning to the cleaner or practice manager. An infection control audit completed in July 2015 identified some issues for the practice to address. For example pillows and toys were to be removed, new staff needed to complete infection control training and clinical staff immunisation status needed to be confirmed. We saw these had been completed with the results of staff blood tests awaited. Arrangements were in place for the safe disposal of clinical waste including sharps. A legionella risk assessment was carried out in March 2015, this identified that the water temperatures needed testing and this was being carried out although not recorded.

- The arrangements for managing medicines including emergency drugs and vaccines kept patients safe which included prescribing, recording, handling, storing and security of medicines. Fridge temperatures were checked, stock was rotated, batch numbers of vaccines were recorded when received at the practice and staff were clear about actions to take in the event of issues with the storage of vaccines. Regular audits of medicines were carried out by the Clinical Commissioning Group pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were stored securely, records were kept of prescription pads and their use.
- The practice had a recruitment policy which was under review. In the six staff files we reviewed, we found appropriate recruitment checks had been carried out before employment with the exception of Disclosure and Barring Service checks for one new member of clinical staff. The practice checked qualifications and registration with the appropriate professional body and references had been obtained. Proof of identity had not been routinely checked, although staff had NHS smart

cards for use with the electronic patient record system, which demonstrated they had been through a rigorous identity check. There were detailed induction packs for new registrars which helped them understand how the practice worked.

- Arrangements were in place for planning and monitoring the number and mix of staff to needed to meet patients' needs. Reception and administrative staff had arrangements to cover each others holiday to ensure there was no disruption to the services provided.

Arrangements to deal with emergencies and major incidents

Emergency alarms were provided in consultation rooms. Staff we spoke with were clear about their location, their use and how to respond when they rang. These alarms were checked and serviced annually by external contractors. All staff had completed basic life support training in 2015. There were emergency medicines available in one of the treatment rooms and in the doctor's bag. Staff knew where these were kept and they were checked monthly. All medicines we checked were in date and fit for use. The practice had oxygen with adult and children sized masks and a defibrillator with children and adult pads. These were checked by staff regularly and maintained at the required intervals. There was a first aid kit and an accident book.

The practice had developed a business continuity plan which included details of how to deal with a range of situations such as power failure and building damage. The document included contact numbers of external contractors and staff. This document had been reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Care and Excellence (NICE) best practice guidelines. The practice had systems in place to ensure that all clinical staff were kept up to date. The practice monitored the use of these guidelines through discussions at clinical meetings. Medical records showed that assessments were completed, investigations were carried out, referrals were made to specialist services and regular medicine reviews were carried out when required.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice achieved 99.3% of the total points available in the year ending March 2014. This was above the Clinical Commissioning Group (CCG) average of 94.3% and the national average of 94.2% of total points with 4.8% exception reporting. The practice was not an outlier for any QOF (or other) national targets. Data from April 2013 to March 2014 showed:

- Performance for diabetes related indicators was above with the national average. For example, 92% of patients had a last blood pressure reading of 140/80mmHg or less compared with a national average of 78% and the number of patients with a record of a foot examination was 96% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 90% above the national average of 83%.
- Performance for patients with mental health with a comprehensive care plan was 97% above the national average of 86%.
- The number of patients with dementia who had an annual review of their care was 79%, lower than the national average of 84%.
- The practice had 7.9 emergency admissions per 1,000 population compared to the national average of 13.6.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patients' outcomes. Three clinical audits had been carried out in the last three years, two of these were completed audits where the improvements made were implemented and monitored. The practice took part in local audits and local and national benchmarking. For example an audit on prescribing indicated the number of antibiotics prescribed had reduced over a two month period and GPs were prescribing in line with local guidelines. Information about patient outcomes was used to make improvements, for example an audit looking at patients prescribed a specific steroid medication identified that not all patients had a recorded blood test before being given a repeat prescription which was not in line with guidance. This was followed up and the practice found that some patients attended the local hospital so had the required blood test but the results were not always recorded at the practice. They developed an action plan to introduce an administrative driven blood test request form and patients who attended other healthcare services for their blood test, were reminded to inform the practice of the results.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for new staff and new trainees which included details about health and safety, first aid and accident reporting, fire safety, safeguarding and confidentiality.
- The learning needs of staff were identified through appraisals and reviews of the practice development needs. Staff had access to appropriate training and regular updates to meet these learning needs. Staff had access to clinical supervision and support for the revalidation of GPs. There was a system for all staff to have an annual appraisal. Staff we spoke with confirmed they received the support they needed and had an annual appraisal during the last year.
- Staff had completed training in basic life support, safeguarding children and vulnerable adults, equality and diversity, fire safety, infection control and the Mental Capacity Act. Clinical staff had completed

Are services effective?

(for example, treatment is effective)

training and attended regular refresher courses on immunisations, asthma care, cytology and diabetes care. The CCG provided cover to enable clinical staff to attend training sessions.

- There was a mixed skilled staff group with clinical staff having an interest in family planning, child development and joint injections.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Clinical staff met on a monthly basis to discuss the care and treatment needs of patients with complex health needs. All relevant information was shared with other services in a timely way, for example referrals to other services. The practice held monthly multidisciplinary meetings with the palliative care team, health visitors, district nurses and the community mental health teams to understand and meet the needs of patients with complex health needs.

There were systems to share the required information with other health care providers. For example they used care plans for people receiving end of life care to ensure those providing care or treatment were aware of the individual's wishes. Copies of these care plans were shared with the ambulance and out of hours service. The out of hours service sent details of patients seen electronically by 8am the following morning.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision making requirements of legislation and guidance including the Mental Capacity Act

2005 and the Children Acts of 1989 and 2004. Parental consent was sought before children were given immunisations. Written consent was sought before patients underwent minor surgical procedures.

Health promotion and prevention

Patients who may need extra support were identified by the practice for example those receiving end of life care, those at risk of developing long-term conditions and those requiring information and advice on diet, exercise and smoking cessation. New patients were invited to attend an initial appointment to seek the individuals and family medical history with any issues or concerns referred to the GP. A range of posters and information leaflets were displayed at the practice informing patients of the services provided and the health screening and information provided and available to them.

The practice had a comprehensive screening programme. The uptake for cervical screening was 82% in line with the national average. Childhood immunisation rates for the practice were below the national averages. For example, childhood immunisation rates for vaccinations given to under two year olds in the year ending March 2014 ranged from 73% to 81%, below the national averages of 93%. Immunisation rates for the pre-school booster for five year olds were 62%, which was below the national average of 70%. The practice had developed an action plan to increase the number of children receiving their childhood immunisations. Flu vaccination rates for those aged over 65 were 70%, compared to the national average of 73%. For the at risk groups this figure was 52% in line with the national average of 52% and those with diabetes were 97% above the national average of 93%. The practice had discussed how to increase the numbers of patients attending for immunisations to improve these figures. The practice informed patients about national screening programmes though posters displayed in the practice and during routine appointments.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw staff spoke with patients politely and respectfully and were helpful to patients attending the practice and those who telephoned during our visit. Consultations took place in private rooms with the doors closed and conversations in these rooms could not be overheard. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations and treatment. Reception staff told us they would take patients to a room if they needed to speak in private.

In the five CQC comment cards we received, patients made positive comments about the services provided. Patients we spoke with, including those from the Patient Participation Group told us they were satisfied with the care provided by staff and that their privacy and dignity was respected.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2015 national GP patient survey which showed:

- 87% of respondents said they found receptionists at the surgery helpful which was above the CCG average of 81% and in line with the national average of 87%;
- 94% of patients said the last GP they saw was good at listening to them, above the CCG and national averages of 83 and 87%;
- 98% had confidence in the last nurse they saw, which was above the CCG and national averages of 97%;
- 91% said the last GP they saw was good at giving them enough time, above the national and CCG averages of 83% and 87%;
- 85% said the last nurse they saw was good at giving them enough time which was below the national and CCG averages of 89% and 92%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us their health issues and treatment options were discussed with them and they felt involved in decision making. They felt listened to and that staff had the time to explain things to them in ways they understood. Patient comments in CQC comment cards were in line with this.

Results from the national GP patient survey 2015 we reviewed showed patients responded positively to their involvement in planning and decision making about their care and treatment. For example:

- 89% of respondents said the last GP they saw was good at explaining tests and treatments which was above the national and CCG averages of 83% and 86%;
- 86% said the nurse they saw was good at explaining tests, this was below the national and CCG averages of 89% and 91%;
- 93% said the last GP they saw was good at involving them in decisions about their care and treatment which was above the national and CCG averages of 78 and 81%;
- 83% said the last nurse they saw involved them in decisions about their care and treatment which was in line with local and national averages.

Staff told us they had access to translation services for patients for whom English was not their first language and this information was available to patients at the practice.

Patient/carer support to cope emotionally with care and treatment

There were a range of notices displayed in the reception and waiting area for patients, these were separated into sections, making it easier for patients to see the ones most relevant to them because of their age or medical condition. The practice had developed a social club to help prevent social isolation. This group met twice a month at the practice and the Patient Participation Group had become involved in running the group. Feedback from patients about the club was positive, lots appreciating the opportunity to meet up with other people and attend a range of social activities.

The electronic patient record indicated if the patient was also a carer and 18 % of the patient list had been identified as carers. These patients were prioritised for appointments and referred to relevant health and social care services for support and information.

Staff told us that if patients suffered bereavement, their GP contacted them to ensure they had access to support services if required.

Ninety per cent of respondents to the national GP survey said the last GP they saw was good at treating them with care and concern which was above the CCG averages of

Are services caring?

80% and 85%. Eighty seven per cent of respondents said the last nurse they saw was good at treating them with care and concern which was in line with the local average of 87% and just below the national average of 90%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the Clinical Commissioning Group (CCG) to plan services to improve outcomes for patients in the area. For example they employed two patient care co-ordinators who kept in contact with older patients and helped them communicate with multidisciplinary services. The practice provided a community anticoagulation clinic five days a week which gave patients access to this service closer to home.

Services were planned to take into account the different patient groups and helped provide flexibility and continuity of care. For example:

- Patients had access to online booking to make appointments and to request repeat prescriptions.
- The practice offered a range of book in advance and urgent on the day appointments.
- They provided evening appointments two days a week for convenience of patients who worked.
- They provided afternoon appointments for children who were taken ill during the day.
- The practice provided test reminders to ensure patients attended their appointment.
- Patients could choose to see a male or female GP.
- Longer appointments were provided for patients with a learning disability and those with long term conditions.
- There were disabled facilities including accessible toilets, a lift to access the first floor and enough room for wheelchairs and mobility aids.
- There were baby changing facilities and a range of toys in the waiting room to keep young children occupied.
- They had access to translation services when required.

Access to the service

The practice was open between 8.00am-6.30pm Monday to Friday. Extended hours surgeries were provided from 6.30pm-8.00pm on Mondays and Wednesdays. Pre-bookable appointments and on the day urgent appointments were available.

Results from the national GP patient survey 2015 showed that patients were satisfied with access to the practice.

- 87% of respondents said they were able to get an appointment the last time they tried, above the CCG average of 79% and national average of 85%.
- 56% of respondents found it easy to get through to this surgery by phone, below the CCG average of 61% and national average of 73%. The practice had updated its telephone system in response to this.
- 85% of respondents usually wait 15 minutes or less after their appointment time to be seen, compared to the CCG average of 57% and national average of 65%.
- 76% of respondents were satisfied with the practice opening times, above national and CCG averages of 75% and 70%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We found the complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. Information about how to make a complaint was displayed at the practice, included in the patient leaflet and available on the practice website. Patients we spoke with had not needed to make a complaint but were aware of how to raise concerns. We looked at the records for 15 complaints received in the last year and found the practice had responded in an open way, in line with their policy. We saw that complaints were discussed at clinical and practice meetings where action plans were agreed to prevent similar complaints being received in the future and additional training had been identified and completed by relevant staff.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to improve and maintain patients health using an integrated, multidisciplinary approach and technological advances to deliver high quality, personalised care. Staff knew and understood the practice values. The partners met weekly and these meetings were used to review how the practice was operating, discuss improvements and developments needed for the future.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care, they had identified the need for improvements and had reviewed policies and were implementing systems to underpin the organisation and service further. The structures and procedures in place ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities at the practice;
- Practice policies were in place and these were reviewed and available to all staff;
- The partners had a clear understanding of how the practice was performing, developing and improvements that were needed;
- Clinical audits which were used to monitor the quality of services and make improvements;
- There were arrangements for identifying, recording and monitoring risks and as previously mentioned, the health and safety risk assessments were scheduled to be reviewed and updated.

Leadership, openness and transparency

The partners had the experience and capacity to run the practice and ensure the provision of high quality care. They prioritised safe, effective and compassionate care. The partners were visible in the practice and staff told us they were approachable and listened to their comments and suggestions. The partners encouraged a culture of openness and honesty.

Staff told us there were regular practice meetings. These were used to review patient feedback, suggestions and

complaints and keep staff updated with changes within the practice. Staff told us they worked together as a team. Staff were clear about their role and responsibilities and were given the support they needed and felt valued. The practice had a team away day in October 2014 when they used an external facilitator to help them review the practice and develop plans for the future.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used their own surveys, responses from the national GP survey, the NHS Friends and Family Test, complaints, concerns and suggestions to seek feedback from patients. There was an active Patient Participation Group (PPG) which was involved with how the practice operated. The practice supported the PPG and paid for it to be a member of the National Association for Patient Participation. Feedback from the PPG was discussed by the partners so they could respond to suggestions and ideas. Changes to the practice following patient feedback included removing one set of heavy double doors at the entrance, updating the telephone system and improved communication with patients through the provision of a regular patient newsletter. The PPG prepared the newsletter with updates about the practice staff, changes following patient feedback, information about the services provided including the appointment system and health checks, information about the PPG and current projects for example around updating patient contact details. These newsletters were provided throughout the year with the last one being produced in June 2015.

The practice sought feedback from staff through practice meetings, away days and appraisals. Staff told us they felt involved and engaged to improve how the practice was run.

Management lead through learning and improvement

The practice demonstrated that they prioritised safety and used learning from complaints and significant events to make improvements.

The practice had been innovative in the use of care co-ordinators to communicate with older patients and had started a social club to help reduce social isolation in older patients.